

***VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS***

**PART II: PROGRAM ADDENDUM TO APPLICATION FOR LICENSURE OF  
AN ADULT DAY CARE CENTER**

**NAME OF ADULT DAY CARE CENTER:** \_\_\_\_\_

<b>REQUEST FOR LICENSE</b>
Requested number of Participants (Capacity): Number of Participants currently enrolled at the center: Average daily attendance: Number of buildings license requested for:

SERVICE PROVIDED	CHECK IF "YES"
Participants who are non-ambulatory?	<input type="checkbox"/>
Participants who require medication to be administered while at the Adult Day Care Center?	<input type="checkbox"/>
Participants who wander?	<input type="checkbox"/>

<b>CENTER DIRECTOR</b>
Name of Center Director:
Name of Center Assistant Director:

<b>REQUIRED ATTACHMENTS FOR INITIAL APPLICATION</b>
1. A program description, including the characteristics of the population to be served, the program components and the services to be provided.
2. A copy of all forms to be used by the Adult Day Care Center, if different from the model forms provided by the Department of Social Services.
3. A copy of the building evaluation signed by the appropriate building official.
4. A copy of the fire inspection conducted by the appropriate fire official.
5. A copy of the sanitation inspection conducted by the Department of Health.
6. If meals are catered or contract food service is used, a copy of the local health department's approval of such service. <input type="checkbox"/> Not Applicable
7. Include a sketch or blueprint of the floor plan of the entire building(s), including large group activity space, areas for small group activities and individual activities; space which allows for privacy for participants during interviews, visits, telephone conversations, counseling, therapy, and other similar activities; dining areas; restroom facilities; bathing facilities if provided and a separate room or area for participants who become ill, need to rest, or need to have privacy.
8. A copy of all rules, requirements, policies, and procedures of the Adult Day Care Center.
9. A statement or chart regarding organization of the management staff, with information showing who is responsible for policy, operation and management decisions.
10. Name of the management company that operates the facility, if other than the licensee.

11. Staff Information Sheet
12. Sample current menu for a two-week period.
13. If the adult day care center staff will provide transportation, evidence of insurance coverage indicating the vehicle is insured with at least the minimum limits established by Virginia state statutes. <input type="checkbox"/> Not Applicable
14. If the adult day care center will provide transportation through a contract, the name of the contract vendor. <input type="checkbox"/> Not Applicable
15. Evidence of insurance coverage: public liability insurance for bodily injury with a minimum limit of at least \$1,000,000 for each occurrence or \$1,000,000 aggregate.
16. Sample current monthly activity schedule.

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION
1. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certify to his/her character and reputation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
2. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), Personal Qualifying Information Form if within the last 10 years the individual served as a voting officer, director, or principal stockholder in any child-welfare, assisted living, adult day care center, nursing home or mental health facility, program or agency requiring licensure in Virginia or in any other state. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
3. A program description, including the characteristics of the population to be served, the program components and the services to be provided, if changed since the last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
4. A copy of the new building evaluation if any physical plant changes have been made to the facility that required a building permit. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
5. A sketch or blueprint of the floor plan if any physical plant changes have been made to the facility since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
6. A copy of all new or revised forms if different from the model forms provided by the Department of Social Services. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
7. A copy of all rules, requirements, policies and procedures that have changed since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
8. If changed since the facility's last license was issued, a statement or chart regarding organization of the management staff, with information showing who is responsible for policy, operation and management decisions. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
9. If a management company operates the facility rather than the licensee, the name of the new management company if changed since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
10. Staff Information Sheet